# State of Rhode Island and Providence Plantations Department of Administration Division of Purchases

#### RIVIP BIDDER CERTIFICATION COVER FORM

#### **SECTION 1 - BIDDER INFORMATION**

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number:

7549288

Solicitation Title:

ELEVATOR MODERNIZATION AT THE RI ATTORNEY GENERAL'S OFFICE (35 PGS AND

ZIP FILE)

**Bid Proposal Submission** 

Deadline Date & Time:

2/26/2015

2:00 PM

RIVIP Vendor ID #:

8802

Bidder Name:

ThyssenKrupp Elevator

Address:

44 Albion Rd

Suite 103

Lincoln, RI 02865

USA

Telephone:

401-258-8381

Fax:

866-223-1880

Contact Name:

Sarah Martin

Contact Title:

**Account Manager** 

**Contact Email:** 

sarah.martin@thyssenkrupp.com

#### **SECTION 2 — DISCLOSURES**

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-3, and if "Yes," provide details below. Complete Disclosure 4.

- 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.
  - 4. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address,

	principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.
	Disclosure details (continue on additional sheet if necessary):
	attached
	- CA ( WORLDS
	SECTION 3 —CERTIFICATIONS
Bide	ders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.
Indicate "	Y" (Yes) or "N" (No), and if "No," provide details below.
THE BIDE	DER CERTIFIES THAT:
1.	The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
	The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
<b>1</b> 3.	The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
4.	The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
5.	The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
4 6.	This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
7.	The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
<b>4</b> 8.	The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.
Certificati	ion details (continue on additional sheet if necessary):

( <del></del>	
8	
7 <del></del>	
agrees to comply with its terms and cond information submitted in the bid proposal ( complete. The Bidder acknowledges that the be incorporated into any contract awarded person signing below represents, under	Ider certifies that: (1) the Bidder has reviewed this solicitation and itions; (2) the bid proposal is based on this solicitation; and (3) the including this RIVIP Bidder Certification Cover Form) is accurate and the terms and conditions of this solicitation and the bid proposal will to the Bidder pursuant to this solicitation and the bid proposal. The penalty of perjury, that he or she is fully informed regarding the losal and has been duly authorized to execute and submit this bid
	BIDDER
Date: 3 9 15	Sarah Martin, Thyssenkrupp Elevator
Date: 3/9/15	Name of Bidder Martin
Date: 3 9 15	Name/of Bidder  Signature in ink
Date: 3/9/15	Signature in ink Surah Martin, Account Manager
Date: 3/9/15	Name/of Bidder  Signature in ink
Date: 3/9/15	Signature in ink Surah Martin, Account Manager
Date: 3/9/15	Signature in ink Surah Martin, Account Manager
Date: 3/9/15	Signature in ink Surah Martin, Account Manager
Date: 3/9/15	Signature in ink Surah Martin, Account Manager
Date: 3/9/15	Signature in ink Surah Martin, Account Manager

## THYSSENKRUPP ELEVATOR CORPORATION UNANIMOUS CONSENT OF DIRECTORS

(Election of Officers)

The undersigned, being all of the directors of ThyssenKrupp Elevator Corporation (the "Company"), do hereby waive all required notice and consent to the following:

WHEREAS, the undersigned acknowledge the retirement of William Barry Pletch and his resignation as President of the Company, effective December 31, 2010.

WHEREAS, the undersigned deem it in the Company's best interest to elect officers.

NOW, THEREFORE, IT IS:

RESOLVED, that the following persons are elected to the offices of the Company set opposite their respective names:

Name	Office
Richard T. Hussey James Harrison Stuart Prior David Turnage	President Executive Vice President and CFO Executive Vice President Vice President – Tax
Eric Scrudders	Executive Vice President and General Counsel
Lawrence C. Paulson Alan S. Weisser Joseph Braman Charles Califf Scott J. Silitsky	Secretary Assistant Secretary Assistant Secretary Assistant Secretary Vice President-Contracts and Assistant Secretary

RESOLVED, that such persons shall constitute all of the Company's officers, to serve in that capacity until their respective successors are duly elected and shall qualify, or until their resignation or removal.

RESOLVED, that this consent may be executed in separate written counterparts, each of which shall be deemed to be an original, but all of which together shall be deemed to be one and the same document.

IN WITNESS WHEREOF, the undersigned, being all the directors of ThyssenKrupp Elevator Corporation, have executed this consent effective as of the 1st day of January, 2011.

DIRECTORS:

Richard T. Hussey

James Harrison

Eric Scrudders

Solicitation #: 7549288 Solicitation Title: Elevator Modernization, Attorney General's Office, 180 South Main Street, Providence, RI							
BID FORM							
То:	The State of Rhode Island Department of Administration Division of Purchases, 2 <sup>nd</sup> Floor One Capitol Hill, Providence, RI 02908-5855						
Bidder:	Legal name of entity  44 Albim Rd Suite 103 Lincoln, R1 02865  Address (street/city/state/zip)  Sarah Martin Sarah martine thyssentry com  Contact name  401-258-8381  Contact telephone  Contact fax						
1. BASE BID F	PRICE						
	ts this bid proposal to perform all of the work (including labor and ed in the solicitation for this Base Bid Price (including the costs for all e, and Addenda):						
\$ 75 531.00 (base bid price in figures printed electronically, typed, or handwritten legibly in ink)  Seventy five thousand five hundred thirty and dellaws (base bid price in words printed electronically, typed, or handwritten legibly in ink)							
• <u>Allowances</u>							
The Base B	id Price <u>includes</u> the costs for the following Allowances:						
No. 1: <u>Elec</u>	trician \$ 7500.00						
No. 2: Fire	Alarm \$ 7500.00						

\$ 15,000.00

No. 3: \_\_\_\_\_

Total Allowances:

Solicitation #: 7549288

Solicitation Title: Elevator Modernization, Attorney General's Office, 180

South Main Street, Providence, RI

#### • Bonds

The Base Bid Price <u>includes</u> the costs for all Bid and Payment and Performance Bonds required by the solicitation.

#### • Addenda

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price <u>includes</u> the costs of any modifications required by the Addenda.

All Addenda must be acknowled	ged.				*
Addendum No. 1 dated:	3/11/2015	(2nd pre-bid m	reeting	t bid	postponement
Addendum No. 2 dated:	-		<b>.</b>		
Addendum No. 3 dated:		277			
Addendum No. 4 dated:					
Addendum No. 5 dated:					

### 2. <u>ALTERNATES</u> (Additions/Subtractions to Base Bid Price)

Addendum No. 6 dated: \_\_\_\_\_

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected.

Check "Add" or "Subtract."	
_X_Add Subtract	Alternate No. 1: Provide Two Year Extended Service Maintenance Contract Beyond One Year included within Base Contract

Solicitation #: 7549288 Solicitation Title: Elevator Modernization, Attorney General's Office, 180 South Main Street, Providence, RI
(amount in figures printed electronically, typed, or handwritten legibly in ink)  Four thousand eight hundred dollars  (amount in words printed electronically, typed, or handwritten legibly in ink)
3. <u>UNIT PRICES</u>
The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include <u>all</u> costs, including labor, materials, services, regulatory compliance, overhead, and profit.
Unit Price No. 1: and dow equipment \$ 13,600.00
Unit Price No. 2: <u>Power Unit</u> \$ 12,500.00
Unit Price No. 3: \$
4. CONTRACT TIME
The Bidder offers to perform the work in accordance with the timeline specified below:
• Start of construction: 7/1/20/5
<ul> <li>Start of construction: 7/1/20/5</li> <li>Substantial completion: 8/1/20/5</li> </ul>
• Final completion: 9/1/2015
5. <u>LIQUIDATED DAMAGES</u> The successful bidder awarded a contract pursuant to this solicitation shall be liable for
and pay the State, as liquidated damages and not as a penalty, the following amount for <u>each</u> calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$

Solicitation #: 7549288

Solicitation Title: Elevator Modernization, Attorney General's Office, 180

South Main Street, Providence, RI

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: 3 9 15

**BIDDER** 

Name of Bidder

Signature in ink

Printed name and title of person signing on behalf of Bidder

# 8802

Bidder's Contractor Registration Number

# AND THE PROPERTY OF THE PROPER

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

#### Department of Labor and Training

Center General Complex 1511 Pontiac Avenue Cranston, RI 02920-4407 Telephone: TTY:

(401) 462-8000 Via RI Relay 711

Lincoln D. Chafee Governor Charles J. Fogarty Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

#### **CERTIFICATION**

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: Jouan Martin

Title: Account Manager

Subscribed and sworn before me this day of March, 2015

MELANIE L. LANCTOT Notary Public, State of Rhode Island My Commission Expires Jan. 18, 2017 ID # 754884 Notary Public
My commission expires: 41617

An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711

# Form W-9 (Rev. August 2013) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

mtema	Henering Service										
	Name (as shown on your income tax return)										
	THYSSENKRUPP ELEVATOR CORPORATION										
ci.	Business name/disregarded entity name, if different from above										
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification:			Exe	Exemptions (see instructions):						
o	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate										
a Su	Individual/sole proprietor 🖫 o corporation 🗎 o corporation 🗎 ratiosomb	ootato		Fyer	mnt i	naves	code	lif anv	1		
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶				Exempt payee code (if any)						
P 2	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)					Exemption from FATCA reporting code (if any)					
int				Cou	Ç (II I	arry)	-				
<u>ن</u> <u>ت</u>	☐ Other (see instructions) ►	antar'a		and a	dalaa	/	tions	0			
<u>Š</u>		ester s	riarrie	and a	Jule	ss (or	нопа	9			
ğ	6266 Hurt Road										
90	City, state, and ZIP code										
Ō	Horn Lake, MS 38637										
	List account number(s) here (optional)										
Par	Taxpayer Identification Number (TIN)										
	your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line	So	cial s	ecurity	nun	nber					
	id backup withholding. For individuals, this is your social security number (SSN). However, for a				Г	T			T		
	nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>			13.5	1		-				
	s, it is your employer identification number (EIN). If you do not have a number, see <i>now to get a</i> in page 3.				_		_				
	If the account is in more than one name, see the chart on page 4 for guidelines on whose	Em	plove	er iden	tifica	ation	numt	er		$\neg$	
	er to enter.		$\dot{\Box}$		T	T	$\overline{}$		Т	╡	
		6	2	- 1	2	!   1	1	2	6	7	
Par	Certification	_	_		_		_	_			
	penalties of perjury, I certify that:										
		nhar t	n ho	inguag	1 +0	ma)	and				
	e number shown on this form is my correct taxpayer identification number (or I am waiting for a nur										
2. la	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have	ve not	beer	notifi	ed b	y the	e Inte	rnal F	ever?	nue	
50	rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or div Ionger subject to backup withholding, and	idends	s, or	(c) the	INO	nas	nouii	.ea me	e tna	t i am	
3. I a	n a U.S. citizen or other U.S. person (defined below), and										
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is c										
Certif	ication instructions. You must cross out item 2 above if you have been notified by the IRS that yo	u are o	curre	ntly su	ıbje	ct to	back	up wi	thho	ding	
becau	ise you have failed to report all interest and dividends on your tax return. For real estate transaction	ns, iten	n 2 d	oes no	ot ap	oply.	For r	nortga	age	nd	
	st paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an i ally, payments other than interest and dividends, you are not required to sign the certification, but y										
	ctions on page 3.	- Ju 1110	.J. P	. 5	,	. 001	. 501		JU 11		
Sign			1								
Here		3	19	1/10	-						
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C	withholding tax on foreign pa	nners'	snare	OT ATTA	CTIVE	IIV COL	anect	an inco	me :	ina -	

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- $3_{\circ}$  Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

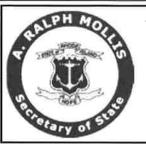
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



#### State of Rhode Island and Providence Plantations Office of the Secretary of State

**Division Of Business Services** 148 W. River Street Providence RI 02904-2615 (401) 222-3040

ThyssenKrupp Elevator Corporation Summary Screen

? Help with this form

State: <u>RI</u> Zip: <u>02888-</u>

The exact name of the Foreign Corporation: <u>ThyssenKrupp Elevator Corporation</u>

The name was changed from: <u>THYSSEN ELEVATOR COMPANY</u> on <u>3/2/2001</u>

The name was changed from: Dover Elevator Company on 7/7/1999

The fictitious name of Thyssen Dover Elevator was filed on 8/16/1999

The fictitious name of THYSSEN DOVER ELEVATOR COMPANY was filed on 7/7/1999

**Entity Type:** Foreign Corporation

Identification Number: 000035026

Date of Qualification in Rhode Island: 07/02/1985

The Foreign Corporation is organized under the laws of: State: DE Country: USA

The location of its principal office:

No. and Street: 2500 NORTHWINDS PKWY STE 375

City or Town: **ALPHARETTA** State: GA Zip: 30009 Country: USA

The mailing address or specified office:

No. and Street:

City or Town:

City or Town: State: Zip: Country:

Agent Resigned: N Address Maintained: Y

Name and address of the Registered Agent:

WARWICK

222 JEFFERSON BOULEVARD, SUITE 200 No. and Street:

Name: PRENTICE-HALL CORP SYSTEM

The officers and all of the directors of the corporation:

Title	Individual Name	Address			
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country				
PRESIDENT	RICHARD T. HUSSEY	2500 NORTHWINDS PKWY STE 375			

	1	ALPHARETTA, GA 30009 USA		
TREASURER	JAMES HARRISON	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA		
SECRETARY	LAWRENCE C PAULSON	3155 W BIG BEAVER ROAD TROY, MI 48084 US		
VICE PRESIDENT	DAVID TURNAGE	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA		
VICE PRESIDENT	SCOTT J. SILITSKY	2500 NORTHWINDS PKWY, STE 375 ALPHARETTA, GA 30009 USA		
DIRECTOR	JAMES HARRISON	2500 NORTHWINDS PKWY, STE 375 ALPHARETTA, GA 30009 USA		
DIRECTOR	ERIC SCRUDDERS	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA		
DIRECTOR	RICHARD T, HUSSEY	2500 NORTHWINDS PKWY STE 375 ALPHARETTA, GA 30009 USA		

The total number of shares and par value, if any, of each class of stock which the business entity is authorized to issue:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares  Num of Shares	Total Issued and Outstanding Num of Shares
CWP		\$1,0000	5,000.00	4,000.00

#### **Purpose**

ELEVATOR SALES SERVICE AND REPAIR.

#### Select a type of filing from below to view this business entity filings:

**ALL FILINGS** 

**Annual Report** 

Annual Report - Amended

Application for Amended Certificate of Authority

Application for Certificate of Authority

Click Here to access 2006 and 2007 annual reports filed and imaged prior to July 25, 2007. Identification Number is Required

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? Help

## **Document A310<sup>TM</sup> – 2010**

Conforms with The American Institute of Architects AIA Document 310

#### **Bid Bond**

CONTRACTOR:

(Name, legal status and address) ThyssenKrupp Elevator Corporation 6266 Hurt Road

Horn Lake, MS 38637-2306

OWNER:

(Name, legal status and address)

The State of Rhode Island Department of Administration One Capitol Hill Providence, RI 02908

SURETY:

(Name, legal status and principal place of business)

Federal Insurance Company 15 Mountain View Road

Warren, NJ 07059

**Mailing Address for Notices** 

15 Mountainview Road

Warren, NJ 07059

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**BOND AMOUNT: \$ 5%** 

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Elevator Modernization - Rhode Island Attorney General's Office

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this

day of March, 2015.

ThyssenKrupp Elevator Corporation

(Principal)

(Seal)

(Title)

(Witness) IIa Delman

Federal Insurance Company

(Surety)

(Seal)

(Title) Kimberly Bragg

Attorney-in-Fact

#### ACKNOWLEDGEMENT OF SURETY

## STATE OF ILLINOIS COUNTY OF COOK

On this 11<sup>th</sup> day of March, 2015, before me personally came Kimberly Bragg to me known, who being by so duly sworn, did depose and say: that he/she is

## Attorney-In-Fact of Federal Insurance Company

The Corporation described in and which executed the foregoing instrument; that he/she knows the seal of said Corporation; that the seal affixed by authority granted to him/her in accordance with By-Laws of the said Corporation, and that he/she signed his/her name thereto by like authority.

Notary Public, Elizabeth A. Arehart

OFFICIAL SEAL
Elizabeth A Arehart
NOTARY PUBLIC, STATE OF ILLINOIS
My commission expires 7/30/2017



Chubb Surety POWER OF ATTORNEY Federal Insurance Company Vigilant Insurance Company Pacific Indemnity Company Attn: Surety Department 15 Mountain View Road Warren, NJ 07059

Know All by These Presents, That FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, and PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, do each hereby constitute and appoint

#### Kimberly Bragg

as their true and lawful Attorney- in- Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, the following Surety Bond:

Surety Bond Number

: Bid Bond

Obligee

: The State of Rhode Island Department of Administration

And the execution of such bond or obligation by such Attorney- in- Fact in the Company's name and on its behalf as surety thereon or otherwise, under its corporate seal, in pursuance of the authority hereby conferred shall, upon delivery thereof, be valid and binding upon the Company.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY have each executed and attested these presents and affixed their corporate seals on this 1st day of March 2013.

Drimm Charas

Dawn M. Chloros, Assistant Secretary

STATE OF NEW JERSEY

County of Somerset

\$5.

On this 1st day of March 2013 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the sald Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of the By- Laws of sald Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Richard A. Ciullo, and knows him to be Vice President of said Companies; and that the signature of Richard A. Ciullo, subscribed to said Power of Attorney is in the genuine handwriting of Richard A. Ciullo, and was thereto subscribed by authority of sald By- Laws and in deponent's presence.

Notarial Seal



WENDIE WALSH Notary Public, State of New Jersey No. 0054504 Expires April 18, 2018

Notary

Public

#### CERTIFICATION

Extract from the By- Laws of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY:

"All powers of attorney for and on behalf of the Company may and shall be executed in the name and on behalf of the Company, either by the Chairman or the President or a Vice President or an Assistant Vice President, jointly with the Secretary or an Assistant Secretary, under their respective designations. The signature of such officers may be engraved, printed or lithographed. The signature of each of the following officers: Chairman, President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Assistant Secretaries or Attorneys- in- Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

- I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that
  - (i) the foregoing extract of the By- Laws of the Companies is true and correct,
  - (ii) the Companies are duly licensed and authorized to transact surety business in all 50 of the United States of America and the District of Columbia and are authorized by the U.S. Treasury Department; further, Federal and Vigilant are licensed in Puerto Rico and the U.S. Virgin Islands, and Federal is licensed in American Samoa, Guam, and each of the Provinces of Canada except Prince Edward Island; and
  - (iii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Warren, NJ this 11th day of March, 2015







Deur M. Chrosol

herdie Walsh

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO NOTIFY US OF A CLAIM, VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT ADDRESS LISTED ABOVE, OR BY Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com